

August 28, 2006

Michael J. Koehler, Esquire
Nicholas, Perot, Smith, Koehler & Wail
Attorney and Counselors at Law
2527 West 26th Street
Erie, PA 16506

RE: Ryan Ford
Date of Birth: 02-11-97
Social Security #: 202-76-3864
Date of Accident: 01-18-2003

Dear Attorney Koehler:

This letter is written in response to your request for a summary narrative report regarding treatment of Ryan Ford.

I was Ryan's primary care physician from the time that he was discharged as an infant from the Neonatal Intensive Care Unit at Hamot until he was discharged from my practice on June 17, 2003. The reason for his discharge from our practice is because of noncompliance with one of Ryan's siblings and nothing actually pertaining to his care or follow up care. The reason for this narrative summary is due to the fact that was Ryan was involved in an accident in January 2003 for which he needed emergent transfer to Childrens Hospital in Pittsburgh. I did see Ryan in the office for one visit after his injury in April 2003, and there has been no follow up in our office since that point in time.

Birth history of Ryan is somewhat complicated. He was born via normal spontaneous vaginal delivery on February 11, 1997 to a 27-year-old gravida 3, para 3 white female. Prenatal course was noted to reveal that she tested positive on vaginal cultures for group B strep, and was treated with oral Keflex prior to delivery. She had spontaneous rupture of membranes six hours prior to delivery, and the rest of the labor history was noncontributory. Ryan was born via spontaneous vaginal delivery. Apgar's were 9 at one minute and 9 at five minutes, and he required some oxygen immediately after delivery. He was initially monitored in the general nursery, but then transferred to the intensive care unit because of increasing oxygen requirements.

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He was admitted to the Hamot Neonatal Intensive Care Unit for a total of ten days. His final discharge diagnoses were a 38-week gestational male infant, respiratory distress syndrome with persistent pulmonary hypertension as a newborn, sepsis which was ruled out. Ryan was sent home at ten days' of age, was nursing well, was stable, was told to follow up with myself and also the follow up intensive care clinic.

Mom was compliant in bringing Ryan to all his routine health maintenance visits, and Ryan developed and progressed normally. He received all his required immunizations at the recommended times. He continued to attend visits in the follow up neonatal intensive care clinic, and at nine months was then referred to early intervention for evaluation and follow up.

At eleven months of age, Ryan had an extensive evaluation done by the early intervention multidisciplinary team and was found to display some minor delays in gross motor skills, and received follow up for a very short time and then was discharged from early intervention. By one and a half years of age, it was noted at a neonatal clinic follow up appointment that Ryan demonstrated some speech and language delays, therefore referral for speech and language intervention was made at that point in time. An extensive evaluation done by early intervention was done again on November 2, 1998, and it was demonstrated at that time that he did meet criteria for admission into the early intervention program based on the language area and recommendations were made. To the best of my knowledge, mom was compliant in following the recommendations with Ryan's language therapy. He had a few acute or sick visits over the next couple of years including upper respiratory tract infections, viral syndrome and sinus infections, but certainly nothing that was out of the ordinary.

One of my colleagues, Dr. Linda Leitzinger, actually saw Ryan for his follow up visit after his injury. The details of this injury are well known to you, but it was documented at the time of the follow up visit that he was doing very well and actually saw the Shriner's for evaluation and had a good report from that visit. Dr. Leitzinger documented that his appetite was down a little bit, but that his activity level was back to normal, and that his sleep habits were stable, and there were no significant complaints voiced at that point in time. They were instructed to keep the follow up visit in Pittsburgh.

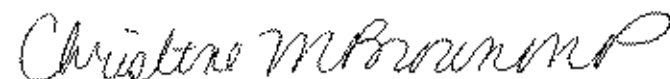
In February and March, Ryan was seen for acute visits, once for an upper respiratory tract infection and once for a bronchitis, but again there is nothing with these visits that seem unusual.

On April 3, 2003, I saw Ryan for a well child visit for the first time since his accident for a school physical and update of his shots. At that time, Ryan was cooperative with the examination. His vision was checked and was completely normal. His hearing was checked, and was completely normal. Mom had some concerns regarding some memory loss and nightmares and his ongoing speech problems. Therefore, mom was instructed at that point in time to continue follow up down in Pittsburgh, but a psychiatric referral was also made to further assess the nightmares and her complaints of some memory problems that she attributed to the accident. After that visit, I had no further contact with Ryan, although I did get some follow up reports from Pittsburgh.

In summary, Ryan's mom was always very compliant in bringing Ryan to the office for well child exams. Although he did have an extended stay at birth in the neonatal intensive care unit, he did very well except for some mild delays that were noted early on, and actually he responded well to therapy. Throughout the course of his care in this office, he was involved in speech therapy through early intervention and at a year and a half of age a speech and language delay was noted. We saw Ryan for well exams as well as a few acute visits, but there is nothing with his care that was out of the ordinary. He did suffer the unfortunate accident in January 2003, and although his initial follow up in January noted no significant complaints, by April he was developing some nightmares and some memory loss so further referrals were made, but unfortunately I had no follow up with Ryan after that visit in April 2003.

I hope this information is helpful. If I may be of further assistance, please do not hesitate to call me.

Sincerely,



Christine M. Brown, M.D.